



**DELAWARE HEALTH
AND SOCIAL SERVICES**
Division of Public Health

TELEPHONE (302) 744-4549

OFFICE OF VITAL STATISTICS
JESSE S. COOPER BLDG
417 FEDERAL ST.
DOVER, DELAWARE 19901

CREDIT CARD ORDERS VIA THE INTERNET: WWW.VITALCHEK.COM

Application for a Certified Copy of a Delaware Marriage Certificate

Please print and complete all items requested below as accurately as possible.

Wife on Marriage Certificate _____
First Name Middle Name (Maiden Name)
Date of Birth of Wife ____ / ____ / ____

Husband on Marriage Certificate _____
First Name Middle Name Last Name
Date of Birth of Husband ____ / ____ / ____

Date of Marriage ____ / ____ / ____

The Marriage certificate is for (please check one box)

- | | | |
|------------------------------------|--|--|
| 1. <input type="checkbox"/> Myself | 4. <input type="checkbox"/> I am the Legal Guardian | 6. <input type="checkbox"/> Genealogy
(proof required) |
| 2. <input type="checkbox"/> Child | 5. <input type="checkbox"/> I am the Authorized agent, attorney
or legal representative of the
Person listed in 1-6. (proof required) | |
| 3. <input type="checkbox"/> Parent | | |

Number of copies requested: _____

Cost: 10.00 each (if record is not located, fee will be retained for search).
Make Checks or Money Orders payable to the "Office of Vital Statistics"

Please include a copy of your Official Valid Photo Identification (Drivers license, State ID or Work ID) Parents Identification needed for children.

I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del.C. §3111) to make a false statement on this application or to unlawfully obtain a certified copy of a Marriage certificate.

Signature of person applying for certificate _____

Street Address: _____

City/Town: _____ State: _____

Zip Code: _____

Date

() _____

Daytime telephone Number

Identification (for office use only)